

## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Robert Hotel, Warden  
 Pelican Bay State Prison  
 P.O. BOX 7000  
 Crescent City, CA  
 95531-7000

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*MM Thompson*

Agent  
 Addressee

## B. Received by (Printed Name)

*MM Thompson* 6-2

## C. Date of Delivery

D. Is delivery address different from Item 1?  Yes  
 If YES, enter delivery address below:  No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

## 4. Restricted Delivery? (Extra Fee)

Yes

## 2. Article Number

(Transfer from service label)

7006 0810 0001 9709 2750

PS Form 3811, February

Domestic Return Receipt

102595-02-M-1540